

ACKNOWLEDGEMENT OF NOTIFICATION OF REGULATED WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

TXR000010447

12/06/95

BENCHMARQ MIGROELECTRONICS INC 17919 WATERVIEW PARKWAY DALLAS , TX 75252

JOHN LUSK ENG MEG MANAGER

INSTALLATION ADDRESS

17919 WATERVIEW PARKWAY

DALLAS JX 75252

EPA Form 8700-12A (6-90)

For: oved, UMB No. 2050-0028, Expires 10-31-91 GSA No. 0246-EPA-0

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

Notification of Regulated Waste Activity

Date Received (For Official Use Only)

United States Environmental Protection Agency

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Form Approved. OMB No. 2050-0028. Expires 10-31-91

| BENCHMARQ | MICROELE | CTRONICS | INC. |
|-----------|----------|----------|------|
| | | | |

| Date: | | We moved !!! ← |
|-----------|---------------------------------------|---------------------------------------|
| FAX #: | 512-239-6410 | 17919 Waterview Pkwy |
| To: | TNRCC-EPAfilings - Janet | Dallas, TX |
| From: | John Lusk | 75252 |
| cc: | · · · · · · · · · · · · · · · · · · · | 214)-437-9195 |
| pages: | | FAX 437-4123 |
| | | |
| subject:_ | information for EPA filing | · · · · · · · · · · · · · · · · · · · |
| | al owners of property @ 17919 | Waterview Pkux: |
| | Kancro, L.P. | |
| | C/O Compass Management & Lea | sing |
| • | 12377 Merit Drive | |
| | Suite #1400 | |
| | . Dallas TX 75251 | |
| | | |

Codes for back (hazardous)
DØD1
FØD2

Regards, John Lund

| SEND COMPLETED FORM TO: The Appropriate State or | United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM | | | | | |
|--|--|----------------------------|------------------------------|--|--|--|
| 1. Reason for | Reason for Submittal: | | | | | |
| Submittal (See instructions on page 13.) | To provide Initial Notification of Regulated Waste Activity (t waste, universal waste, or used oil activities) | o obtain an EPA ID Numbe | er for hazardous | | | |
| MARK ALL BOX(ES) THAT APPLY | ☐ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) | | | | | |
| | ☐ As a component of a Revised RCRA Hazardous Waste Pal ☐ As a component of the Hazardous Waste Report | t A Permit Application (Am | endment #) | | | |
| 2. Site EPA ID Number (page 14) | EPA ID Number 171×12101010101671 | 0.90 | | | | |
| 3. Site Name (page 14) | Name: Target Store # 1775 | | | | | |
| 4. Site Location | Street Address: 16731 Coit Rd | - | | | | |
| Information (page 14) | City, Town, or Village: Dallas | State: | | | | |
| | County Name: DallaS | Zip Code: '7.52 | 48 | | | |
| 5. Site Land Type (page 14) | Site Land Type: Private County District Federal Indian Municipal State Other | | | | | |
| 6. North American Industry Classification | A. 14,5,21,1,2, B. | | | | | |
| System (NAICS) Code(s) for the Site (page 14) | C. D. L. L. L. L. L. L. L | | | | | |
| 7. Site Mailing | Street or P. O. Box: P.O. Box | | | | | |
| Address (page 15) | City, Town, or Village: Minneapolis | | | | | |
| | state: Minnesota | | | | | |
| | Country: USA | Zip Code: 5544 | 10-1111 | | | |
| 8. Site Contact Person | First Name: Jennifer MI: R | Last Name: Rym | | | | |
| (page 15) | Phone Number: 612-304-4417 Extension: —— | i Elliali audicess. 🔔 . | rifer-Rymanowsk arget-com | | | |
| 9. Operator and Legal Owner | A. Name of Site's Operator: Target Corporation | Date Became Operator | (mm/dd/yyyy): -60 | | | |
| of the Site (pages 15 and 16) | Operator Type: Private 🚨 County 🚨 District 🚨 Federal | ☐ Indian ☐ Municipal | □ State □ Other | | | |
| | B. Name of Site's Legal Owner: Target Corporation | Date Became Owner (n | | | | |
| eived | Owner Type: Private | ☐ Indian ☐ Municipal | ☐ State ☐ Other | | | |

DEC 3=0A2005n 8700-12 (Revised 3/2005)

| /A41. " | Street or P. O. B | ox: | Same | qs | グMB#: 2050-0028 Expires 1 |
|---|--|--|-----------------|------------|--|
| (Continued) Address | City, Town, or V | | | | |
| Addiess . | State: | | , | | |
| | Country: | ······································ | ; : | · | 7 in O. J. |
| 10. Type of Regulat | | | <u></u> | | Zip Code: |
| Mark "Yes" or " | o waste activity No" for all activities; | complete a | anv additions | l boxes | as instructed. (See instructions on pages 17 to |
| A. Hazardous W | | | | | to mondotta. (oee institutions on pages 1/ to |
| Complete all | parts for 1 through 6. | | | | |
| N 🗆 1. Generato | r of Hazardous Wast | e | | | Y 🗆 N 🔀 2. Transporter of Hazardous Waste |
| If "Yes", | choose only one of the | ne followir | ıg - a, b, or c | • | |
| 🗓 a. LQ | G: Greater than 1,000 | kg/mo (2,2 | 00 lbs./mo.) | | Y D N 3. Treater, Storer, or Disposer of |
| | of non-acute hazan | dous waste | ; or | | Hazardous Waste (at your site) N A hazardous waste permit is require |
| □ b Soc | Э: 100 to 1,000 kg/mo | ປາກ ເກັດ | 10 the love 1 | | this activity. |
| _ 0.04 | of non-acute hazard | dous waste | or institution | | VOUNT . D |
| V 055 | | | | | Y D N 4. Recycler of Hazardous Waste (at |
| o. CES | QG: Less than 100 kg of non-acute haz | i/mo (220 li amous was | os./mo.) | • | |
| | | | | <i>y</i> * | YON 5. Exempt Boller and/or Industrial |
| In addition, | indicate other genera | tor activiti | ies. | | Furnace If "Yes", mark each that applies. |
| YONE d. Unite | ed States Importer of H | lazamous V | Naste | | a. Small Quantity On-site Burner |
| | | | Exemption | | |
| Y LIN ME e. Mixe | d Waste (hazardous ar | nd radioacti | ive) Generato | r | D b. Smelting, Melting, and RefiningFurnace Exemption |
| | • | | . ` | • | |
| | • | • | · . | | YUND 6. Underground Injection Control |
| B. Universal Waste | Activities | • | . • | | C. Used Oil Activities |
| N 1. Large Quan | tity Handler of Univer | rsal Waste | (accumulate | | Mark all boxes that apply. |
| 5,000 kg or: | more) [refer to your ! | State regul | lations to | - 1 | YDN 1. Used Oli Transporter |
| | vhat is regulatedj. Ind | | | al | If "Yes", mark each that applies. |
| waste gener mark all box | rated and/or accumul ces that apply: | ated at you | ur site. If "Y | es", | a. Transporterb. Transfer Facility |
| | | <u>Generate</u> | Accumulate | | |
| | | ¥ | | | Y□NX 2. Used Oil Processor and/or Re-refine |
| s Rattoriae | | | | | te me a |
| a. Batteries | | ~ | 0 | | If "Yes", mark each that applies. |
| b. Pesticides | | .0 | a | | If "Yes", mark each that applies. a. Processor b. Re-refiner |
| b. Pesticidesc. Thermostate | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 0 | | If "Yes", mark each that applies. a. Processor b. Re-refiner |
| b. Pesticidesc. Thermostated. Lamps | | . — | a | - 1 | If "Yes", mark each that applies. a. Processor b. Re-refiner N. 3. Off-Specification Used Oil Burner |
| b. Pesticidesc. Thermostate | | . — | 0 | - 1 | If "Yes", mark each that applies. a. Processor b. Re-refiner CN N 3. Off-Specification Used Oil Burner CN N 4. Used Oil Fuel Marketer |
| b. Pesticidesc. Thermostated. Lamps | fy) | . — | a a | - 1 | If "Yes", mark each that applies. a. Processor b. Re-refiner CINA 3. Off-Specification Used Oil Burner CINA 4. Used Oil Fuel Marketer If "Yes", mark each that applies. |
| b. Pesticides c. Thermostate d. Lamps e. Other (specif | fy) fy) | × - | a a a | - 1 | If "Yes", mark each that applies. a. Processor b. Re-refiner CINE 3. Off-Specification Used Oil Burner In "Yes", mark each that applies. a. Marketer Who Directs Shipment of |
| b. Pesticidesc. Thermostated. Lampse. Other (speci | fy) fy) | × 0 | 0 0 0 | - 1 | If "Yes", mark each that applies. a. Processor b. Re-refiner ON 23. Off-Specification Used Oil Burner ON 24. Used Oil Fuel Marketer If "Yes", mark each that applies. a. Marketer Who Directs Shipment of Off-Specification Used Oil to |
| b. Pesticides c. Thermostats d. Lamps e. Other (specif f. Other (specif | fy) fy) | | 0 0 0 | - 1 | If "Yes", mark each that applies. a. Processor b. Re-refiner CINE 3. Off-Specification Used Oil Burner In "Yes", mark each that applies. a. Marketer Who Directs Shipment of |

| 11. Description | of Hazardous Waste | es (See instructio | ns on page 21.) | | OWIB#: 2050-0028 | Expires 1/31/200 |
|--|--|---|--|--|--|--|
| handled at y | | n the order they are | | the second secon | of the Federal hazard | |
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| , , | | | | | | |
| hazardous w | | ur site. List them ir | • | | ne waste codes of the gulations. Use an add | • |
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| 12. Comments (S | ee instructions on | page 21.) | الم حمد المحمد المحمد المحمد المحمد المحمد | | | |
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| Var | -ìous re | etail br | oKen it | ems | | |
| | Cdetergen | | | | s, etc) | |
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| in accordance with on my inquiry of the information submitte penalties for submit | a system designed to person or persons we dis, to the best of n ting false information ardous Waste Part A | o assure that qualif who manage the sy ny knowledge and l n, including the pos | fied personnel proper stem, or those pers belief, true, accurate sibility of fine and in | rly gather and evalutions directly response, and complete. I a apprisonment for known in the complete of the c | ared under my directivate the information solible for gathering the maware that there are wing violations. | ubmitted. Based information, the e significant |
| Signature of opera authorized represe | | Name and Offic | ial Title (type or pr | int) | | Date Signed (mm/dd/yyyy) |
| Tennyly 1 | Cymanyli | Jennifer | - Rymanoi | usKî | | 12-29-05 |
| | <u> </u> | 1 | vironment | | ance Mar | |
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| | | | | | | |

TARGET STORE 1775
P O BOX 111
MINNEAPOLIS, MN 55440-0111
ATTN: JENNIFER RYMANOWSKI



ACKNOWLEDGMENT OF RCRA SUBTITLE C SITE IDENTIFICATION FORM

This is to acknowledge that you have filed a RCRA Subtitle C Site Identification Form for the facility located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that facility appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage, and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and on other hazardous waste management reports and documents required under Subtitle C of RCRA. A Subsequent RCRA Subtitle C Site Identification Form is required should any information on the original document change.

EPA I.D. Number:

TXR000067090

Facility Name and Address:

TARGET STORE 1775 16731 COIT RD DALLAS, TX 75248 HOME DEPOT USA INC NO 6504 1905 ASTON AVENUE NO 100 CARLSBAD, CA 92008 ATTN: ROBERT PERKINS



ACKNOWLEDGMENT OF RCRA SUBTITLE C SITE IDENTIFICATION FORM

This is to acknowledge that you have filed a RCRA Subtitle C Site Identification Form for the facility located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that facility appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage, and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and on other hazardous waste management reports and documents required under Subtitle C of RCRA. A Subsequent RCRA Subtitle C Site Identification Form is required should any information on the original document change.

EPA I.D. Number:

TXR000059691

Facility Name and Address:

HOME DEPOT USA INC NO 6504 2220 N COIT ROAD RICHARDSON, TX 75080

| SEND COMPLETED United States Environmental Protection Agency FORM TO: | | | | | | | |
|---|---|---|--|--|--|--|--|
| The Appropriate State or EPA Regional Office. | RCRA SUBTITLE C SITE IDENTIFICAT | ION FORM | | | | | |
| 1. Reason for | Reason for Submittal: | | | | | | |
| Submittal (See instructions on page 13.) | To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) | | | | | | |
| MARK ALL BOX(ES) THAT APPLY | To provide Subsequent Notification of Regulated Waste Act As a component of a First RCRA Hazardous Waste Part A I | | | | | | |
| | ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) | | | | | | |
| | ☐ As a component of the Hazardous Waste Report | | | | | | |
| 2. Site EPA ID | EPA ID Number | | | | | | |
| Number (page 14) | TXR000059691 | | | | | | |
| 3. Site Name (page 14) | Name: HOME DEPOT USA, INC. HD 6504 | | | | | | |
| 4. Site Location | Street Address: 2220 N+COIT RD | | | | | | |
| Information (page 14) | City, Town, or Village: RICHARDSON | State: TX | | | | | |
| | County Name: DALLAS | Zip Code: 75080 | | | | | |
| 5. Site Land Type | | | | | | | |
| (page 14)- | Site Land Type: A Private C County District Federa | ☐ Indian ☐ Municipal ☐ State ☐ Other | | | | | |
| | A. 444110 | I ☐ Indian ☐ Municipal ☐ State ☐ Other | | | | | |
| (page 14)- 6. North American Industry | Δ Β | I □ Indian □ Municipal □ State □ Other | | | | | |
| (page 14)- 6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14) 7. Site Mailing | A. 444110 B. | I □ Indian □ Municipal □ State □ Other | | | | | |
| (page 14)- 6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14) | A. 444110 B. C. D. | I □ Indian □ Municipal □ State □ Other | | | | | |
| (page 14)- 6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14) 7. Site Mailing Address | A. 444110 C. D. Street or P. 0. Box: 1905 Aston Ave. Ste. 100 | I ☐ Indian ☐ Municipal ☐ State ☐ Other | | | | | |
| (page 14)- 6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14) 7. Site Mailing Address | A. 444110 C. D. Street or P. 0. Box: 1905 Aston Ave. Ste. 100 City, Town, or Village: Carlsbad | Zip Code: 92008 | | | | | |
| (page 14)- 6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14) 7. Site Mailing Address (page 15) | A. 444110 C. D. Street or P. 0. Box: 1905 Aston Ave. Ste. 100 City, Town, or Village: Carlsbad State: CA | | | | | | |
| (page 14)- 6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14) 7. Site Mailing Address (page 15) | A. 444110 C. D. Street or P. 0. Box: 1905 Aston Ave. Ste. 100 City, Town, or Village: Carlsbad State: CA Country: San Diego | Zip Code: 92008 | | | | | |
| (page 14)- 6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14) 7. Site Mailing Address (page 15) 8. Site Contact Person | A. 444110 C. D. Street or P. 0. Box: 1905 Aston Ave. Ste. 100 City, Town, or Village: Carlsbad State: CA Country: Sarr Biege First Name: Robert MI: | Zip Code: 92008 Last Name: Perkins Email address: | | | | | |
| (page 14)- 6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14) 7. Site Mailing Address (page 15) 8. Site Contact Person (page 15) 9. Operator and | A. 444110 C. D. Street or P. 0. Box: 1905 Aston Ave. Ste. 100 City, Town, or Village: Carlsbad State: CA Country: Sam Diege First Name: Robert Phone Number: 760-602-8700 Extension: A. Name of Site's Operator: Home Depot USA | Zip Code: 92008 Last Name: Perkins Email address: rperkins@3ecompnay.com Date Became Operator (mm/dd/yyyy): | | | | | |
| (page 14)- 6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14) 7. Site Mailing Address (page 15) 8. Site Contact Person (page 15) 9. Operator and Legal Owner of the Site | A. 444110 C. D. Street or P. 0. Box: 1905 Aston Ave. Ste. 100 City, Town, or Village: Carlsbad State: CA Country: Sam Diege First Name: Robert Phone Number: 760-602-8700 Extension: A. Name of Site's Operator: Home Depot USA | Zip Code: 92008 Last Name: Perkins Email address: rperkins@3ecompnay.com Date Became Operator (mm/dd/yyyy): 2/17/00 Indian Municipal State Other Date Became Owner (mm/dd/yyyy): | | | | | |
| (page 14)- 6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14) 7. Site Mailing Address (page 15) 8. Site Contact Person (page 15) 9. Operator and Legal Owner of the Site (pages 15 and 16) | A. 444110 C. D. Street or P. 0. Box: 1905 Aston Ave. Ste. 100 City, Town, or Village: Carlsbad State: CA Country: San Diego First Name: Robert Phone Number: 760-602-8700 Extension: A. Name of Site's Operator: Home Depot USA Operator Type: Private County District Federal | Zip Code: 92008 Last Name: Perkins Email address: rperkins@3ecompnay.com Date Became Operator (mm/dd/yyyy): 2/17/00 I | | | | | |

8/14/05

| 9. Legal Owner | Street or P. 0. Box: 2455 Paces Ferry Rd. | | | | | | | |
|---|--|-------------------------|---|---------------------|--|--|--|--|
| (Continued) | City, Town, or Village: Atla | nta | | | | | | |
| Address | State: GA | | | | | | | |
| | Country: USA | - | Zip Code: 30339 | <u> </u> | | | | |
| | | | 12,000,0009 | · | | | | |
| 10. Type of Regulated Mark "Yes" or "N | | any additional boxes | as instructed. (See instructions on pa | ages 16 to 20.) | | | | |
| A. Hazardous Wa Complete all p | ste Activities earts for 1 through 6. | | | | | | | |
| y X N □ 1. Generator If "Yes". | of Hazardous Waste choose only one of the follow | no - a b or c. | y ☐ N 🛭 2. Transporter of Hazardo | ous Waste | | | | |
| | | | y ☐ N 🕅 3. Treater, Storer, or Disp | oser of | | | | |
| 🔲 a. LQ0 | S: Greater than 1,000 kg/mo (2,2 | • | Hazardous Waste (at y | our site) Note: | | | | |
| | of non-acute hazardous wast | e; or | A hazardous waste perm | nit is required for | | | | |
| ☐ b. SQ | G: 1 00 to 1,000 kg/mo (220 - 2,2 | 00 lbs./mo.) | this activity. | | | | | |
| | of non-acute hazardous wast | | y ☐ N 🕅 4. Recycler of Hazardous | Waste (at your | | | | |
| H . 050 | 100. L H 400 L-1 (000 | | site) | and (at your | | | | |
| C. CES | QG: Less than 100 kg/mo (220 of non-acute hazardous wa | | | | | | | |
| * * | or non-addic nazardous we | | y□N 🕅 5. Exempt Boiler and/or In | ndustrial | | | | |
| In addition, | indicate other generator activ | ities. | Furnace | . , | | | | |
| y □ N 💆 d. Unit | ed States Importer of Hazardous | : Waste | If "Yes", mark each tha ☐ a. Small Quantity On | | | | | |
| v∏N X) a Miv | ed Waste (hazardous and radioa | otivo) Conorator | Exemption D b. Smelting, Melting, | and Refining | | | | |
| y = 11 x e. 1011x | eu waste (nazaruous and radioa | ctive) Generator | Furnace Exemption | • | | | | |
| | | • | | | | | | |
| | | *. | y□N 🖾 6. Underground Injection | Control | | | | |
| B. Universal Was | te Activities | | C. Used Oil Activities | • | | | | |
| . The Market | | | Mark all boxes that apply. | • | | | | |
| · · | ntity Handier of Universal Was or more) [refer to your State re | • | | | | | | |
| | what is regulated]. Indicate ty | - | y □ N 🗖 1. Used Oil Transporter If "Yes", mark each that | applies | | | | |
| | erated andlor accumulated at | | ☐ a. Transporter | applies. | | | | |
| | oxes that apply: | | ☐ b. Transfer Facility | | | | | |
| • | General | <u>e Accumulate</u> | | | | | | |
| a. Batteries | | | y □ N 🕅 2. Used Oil Processor and | | | | | |
| | | | If "Yes", mark each that ☐ a. Processor | applies. | | | | |
| b. Pesticide | s 🚨 | | b. Re-refiner | | | | | |
| c. Thermost | ats 🔲 | | · | . , | | | | |
| d. Lamps | | | y □ N 🕱 3. Off-Specification Used (| Oil Burner | | | | |
| e. Other (sp | ecify) | . 🗖 | y □ N 🙀 4. Used Oil Fuel Marketer | | | | | |
| f. Other (sp | | _ | If "Yes", mark each that | applies. | | | | |
| | | | a. Marketer Who Direct | ts Shipment of | | | | |
| g. Other (sp | ecify) | | Off-Specification Us | | | | | |
| • | | | Off-Specification Us b. Marketer Who First | · . | | | | |
| | Facility for Universal Waste | • | Used Oil Meets the | | | | | |
| Note: A haza | irdous waste permit may be requ | ired for this activity. | | | | | | |

| EFA ID NO. L | | J \ | | | OMB#: 2050-0028 | 3 Expires 1/31/200 |
|---|--|---|--|--|---|--|
| I 1. Description of | of Hazardous Waste | s (See instructio | ns on page 20.) | | | <u> </u> |
| handled at y | | the order they are | | | of the Federal hazar 01, D003, F007, UI 1 | |
| D001 | D016 | F003 | | | | |
| D002 | D018 | F005 | | | | |
| D009 | D035 | | | | | |
| hazardous v | | ur site. List them i | | | e waste codes of the gulations. Use an ac | |
| | | | · | | | |
| | | | | | - | |
| | | | | | | |
| 12. Comments (S | ee instructions on | page 20.) | | | | And the second s |
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| Luboi | • | | | <u></u> | | |
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| supervision in account submitted. Based of the information, the | ordance with a system on my inquiry of the painter information submitt t penalties for submit | n designed to assu person or persons ed is, to the best o | re that qualified pe who manage the sy of my knowledge and | rsonnel properly gat stem, or those perso d belief, true, accura | pared under my direct ther and evaluate the ons directly responsilete, and complete. I a imprisonment for kn | e information ble for gathering am aware that |
| Signature of opera | ator, owner, or an | Name and Office | cial Title (type or p | rint) | | Date Signed (mnVdd/yyyy) |
| | | Robert Perkin | S | | | 6/18/05 |
| | | | | - | | |
| | | | | | | |
| | | | | | - | |

H2/20167

HOME DEPOT NO 6504 1905 ASTON AVENUE NO 100 CARLSBAD, CA 92008 ATTN: ROBERT PERKINS



ACKNOWLEDGMENT OF RCRA SUBTITLE C SITE IDENTIFICATION FORM

This is to acknowledge that you have filed a RCRA Subtitle C Site Identification Form for the facility located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that facility appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage, and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and on other hazardous waste management reports and documents required under Subtitle C of RCRA. A Subsequent RCRA Subtitle C Site Identification Form is required should any information on the original document change.

EPA I.D. Number:

TXR000059691

Facility Name and Address:

HOME DEPOT NO 6504 2220 N COIT ROAD RICHARDSON, TX 75080

| OMB#: | 2050-0028 | Expires | 1/31/2006 |
|-------|-----------|---------|-----------|
|-------|-----------|---------|-----------|

| SEND COMPLETED | United States Environmental Protection | Adency : | KECEIVEL | | | | |
|--|---|--------------------------|------------------------------|--|--|--|--|
| FORM TO: The Appropriate State or | RCRA SUBTITLE C SITE IDENTIFICAT | | SEP 2 0 2004 | | | | |
| EPA Regional Office. | RCRA SUBTILE C SITE IDENTIFICAT | ION FORIVI | 6PD-O | | | | |
| 1. Reason for | Reason for Submittal: | * | | | | | |
| Submittal (See instructions on page 13.) | To provide Initial Notification of Regulated Waste Activity (to waste, universal waste, or used oil activities) | obtain an EPA ID N | urnber for hazardous | | | | |
| MARK ALL BOX(ES) | ☐ To provide Subsequent Notification of Regulated Waste Act | ivity (to update site id | fentification information) | | | | |
| THAT APPLY | ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application | | | | | | |
| | As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) | | | | | | |
| | ☐ As a component of the Hazardous Waste Report | • | 9/10/04 | | | | |
| 2. Site EPA ID Number (page 14) | TXR,0,0,0,0,0,5,9,69,1 | | | | | | |
| 3. Site Name (page 14) | Name: Home Depot # 650 | 1 | | | | | |
| 4. Site Location | Street Address: 2220 N. Coit RD | | | | | | |
| Information (page 14) | City, Town, or Village: Richard SON | State: TX | | | | | |
| | County Name: Dallas | Zip Code: 75 | 080 | | | | |
| 5. Site Land Type (page 14) | Site Land Type: APrivate C County C District Federa | I □ Indian □ Muni | cipal 🗆 State 🗅 Other | | | | |
| North American Industry Classification | A. HUUIO B. | | | | | | |
| System (NAICS) Code(s) for the Site (page 14) | C. D. | | | | | | |
| 7. Site Mailing | Street or P. O. Box: 1905 ASTON AVE | H=100 | | | | | |
| Address (page 15) | City, Town, or Village: Carlsbad | | | | | | |
| | State: (A | | | | | | |
| | Country: USA | Zip Code: 9 20 | xc8 | | | | |
| 8. Site Contact Person | First Name: Robert MI: | Last Name: Pe | rkins | | | | |
| (page 15) | Phone Number: 760.602. \$839 Extension: | Email address: K | perkins & Becompa | | | | |
| Operator and Legal Owner | A. Name of Site's Operator: 1-tome Depot USA | Date Became Op | erator (mm/dd/yyyy): 2000 | | | | |
| of the Site (pages 15 and 16) | Operator Type: ⊠Private □ County □ District □ Federa | al □ Indian □ Mun | icipal 🗆 State 🗅 Other | | | | |
| Received | B. Name of Site's Legal Owner: | Date Became Ow | ner (mm/dd/yyyy): | | | | |
| AUG 0 9 2004 | Home De pot USA | 1 2/1//2 | COOO | | | | |
| tration and Reporting Section | Owner Type: ☐Private ☐ County ☐ District ☐ Federal | u maian u Munici | pai U State U Other | | | | |
| EPA Form 8700-12 (Re | vised 1/2004) | | Page 1 of 3 | | | | |

| EPÁ ID NO: LLL | | | | OMB#: 2050-0028 Expires 1/31/200 | | |
|---|--|--------------|---------------------------------------|--|--|--|
| 9. Legal Owner (Continued) | Street or P. O. Box: 2455 P | aces | Fern | 1 Rd D-17 | | |
| Address | City, Town, or Village: Atlanta | | | | | |
| | State: GA | | | | | |
| | Country: USA | | | Zip Code: 30339 | | |
| 10. Type of Regulated Mark "Yes" or "No | - | ial boxes a | ıs instructe | ed. (See instructions on pages 16 to 20.) | | |
| A. Hazardous Was | ~ | 1 | | | | |
| | rts for 1 through 6. | | · · · · · · · · · · · · · · · · · · · | | | |
| Y 2 N □ 1. Generator of If "Yes". ch | of Hazardous Waste noose only one of the following - a, b, or | c. | Y U N X | 2. Transporter of Hazardous Waste | | |
| | | | YONDY | 3. Treater, Storer, or Disposer of | | |
| ☐ a. LQG: | Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or | | | Hazardous Waste (at your site) Note: | | |
| • | of Hori-addie Hazardods waste, or | | e. | A hazardous waste permit is required for this activity. | | |
| 🗂 b. SQG. | 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) | | | | | |
| | of non-acute hazardous waste; or | | Y D N D | 4. Recycler of Hazardous Waste (at your | | |
| 🗖 c. CESC | (G: Less than 100 kg/mo (220 lbs./mo.) | •• | | site) | | |
| | of non-acute hazardous waste | | Y 🗆 N 🕅 | 5. Exempt Boiler and/or Industrial | | |
| In addition, ir | ndicate other generator activities. | | | Furnace | | |
| Y□NMTd United | d States Importer of Hazardous Waste | | | if "Yes", mark each that applies. | | |
| | | | | Exemption | | |
| Y □ N XX e. Mixed | Waste (hazardous and radioactive) Gener | ator | | b. Smelting, Melting, and Refining Furnace Exemption | | |
| | | | Y D N 💆 | 6. Underground Injection Control | | |
| B. Universal Waste | e Activities | | C. Used Oil Activities | | | |
| Y⊡N∭X1. Large Quan | tity Handler of Universal Waste (accumu | ilate | M | lark all boxes that apply. | | |
| 5,000 kg or | more) [refer to your State regulations to |) | YONE 1 | . Used Oil Transporter | | |
| | vhat is regulated]. Indicate types of univ | | | If "Yes", mark each that applies. | | |
| | rated and/or accumulated at your site. I (es that apply: | t "Yes", | , | ☐ a. Transporter ☐ b. Transfer Facility | | |
| | Generate Accumu | <u>ılate</u> | | | | |
| a. Batteries | | | Y ⊔ N ⊠,2 | 2. Used Oil Processor and/or Re-refiner If "Yes", mark each that applies. | | |
| b. Pesticides | | · | | ☐ a. Processor | | |
| c. Thermostat | | | | ☐ b. Re-refiner | | |
| d. Lamps | | | Y 🗆 N 🖄 з | I. Off-Specification Used Oil Burner | | |
| e. Other (spec | | · | A CO A LICHY | | | |
| | | | YUNJA,4 | I. Used Oil Fuel Marketer If "Yes", mark each that applies. | | |
| f. Other (spec | | | | a. Marketer Who Directs Shipment of | | |
| g. Other (spec | oify) | | _ | Off-Specification Used Oil to Off-Specification Used Oil Burner | | |
| Z⊟rktMe2/n — | | - | | b. Marketer Who First Claims the | | |
| | Facility for Universal Waste dous waste permit may be required for this | notivity. | | Used Oil Meets the Specifications | | |

| | | | | | OMB#: 2050-0028 | Expires 1/31/2006 |
|---|---|---------------------------------------|---------------------------------------|---------------------------------------|-----------------|--------------------------|
| 11. Description | of Hazardous Waste | s (See instruction | ns on page 20.) | | | |
| handled at y | es for Federally Reg our site. List them in age if more spaces ar | the order they are | | | | |
| D001 | 2016 | | | | | |
| D002 | D018 | | | | | t - |
| D009 | | • | | e. | | |
| B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes. | | | | | | |
| | | | | | | |
| | | | | | | |
| | | • - | ` . | | | |
| 12. Comments (See instructions on page 20.) | | | | | | |
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| 40.0 115.11 | | | | | · | |
| 13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. (See instructions on page 20.) | | | | | | |
| Signature of operauthorized repres | • | Name and Offic | cial Title (type or p | rint) | | Date Signed (mm/dd/yyyy) |
| Markey 1 | Millo | Robert | Perkins | Secia | 65 | >/11/04 |
| y | | | | | | T '' |
| | | | | | | |
| | | 1 | | | | |